



Step 7

Data formats and transmissions

Data Formats and Transmissions

Data submission can be sent to FMS in the below formats. Putting agency data in an accepted format is the responsibility of the referring agency. DMS will work with you to assist you in putting your agency's data into an accepted format.

- **Electronic Submission** – The preferred method of referral is electronically via CONNECT:Direct or CONNECT:Mailbox. Please contact Kechia Kirksey of the Technical Support and Operations Branch at 202-874-8700, 1-800-858-0725 to obtain file formats and instructions for electronic submission. For specific questions regarding creditor agency data formats contact Antonio Stewart at 202-874-9556, and for private collection agency data formats contact Sakhi Xaba at 202-874-7141. The above contacts can also be reached by email at Debt.Services.Help@fms.treas.gov.

- **Manual Submission** – Effective October 1, 2004, manual debt submission will be accomplished via Digital Imaging using the templates provided in this section. The following types of debt will be submitted using the existing manual referral forms: Foreign Debt, Multi-Debtor/Single Debt, and Judgment Debt. The templates and instructions for use are available at:

<http://www.fms.treas.gov/debt/crosserv.html#CrossServicingForms>

Questions regarding the use of this media should be directed to Bosch Stanley or Mary Whalen at 1-888-826-3127. The templates should be sent to:

Financial Management Service
Debt Management Services
Debt Management Operations Center
Post Office Box 830794
Birmingham, AL 35283-0794
Attn: Mary Whalen
Debt Services Branch

All data submissions must be accompanied by an agency certification form (see Step 6)



MANUAL FORMAT

**Individual Debtor Form
Digital Imaging**

Internal Control Line: 15

Record Header: 01

Originating Agency ID:

[REDACTED]

Agency Debt Number:

[REDACTED]

Debt Description:

[REDACTED]

Debt Security:

[REDACTED]

Debt Type:

[REDACTED]

Program Code:

[REDACTED]

Administrative Classification:

[REDACTED]

Date of Delinquency (mmddyyyy):

[REDACTED]

Is debt in judgment?

[REDACTED]

Judgment Date (mmddyyyy):

[REDACTED]

Judgment Type:

[REDACTED]

Judgment Amount:

\$

[REDACTED]

Clear Page 1

Internal Control Line: 25

Original Value of Debt: \$

Balance at time of referral to DMSC:

Principal: \$

Financing Interest: \$

Additional Interest (Late Charge): \$

Administrative Cost: \$

Penalty: \$

TOTAL: \$

Type of Interest Rate:

Interest Rate: %

Date of last interest calculation (mmddyyyy):

Has debt been referred to Private Collection Agency for 1st referral?

Has debt been referred to Private Collection Agency for 2nd referral?

Contact for Debt Inquiries:

Contact Phone No. (xxxxxxxxxx):

Clear Page 2

Internal Control Line: 35

Record Header: 02

Agency Debtor ID:

TIN:

First Name:

Middle Initial:

Last Name:

Generation:

Gender:

Date of Birth (mmddyyyy):

Fed Civilian Employee:

Fed Military Employee:

Alias Type:

Alias Generation:

Clear Page 3

Internal Control Line: 45

Alias First Name:

Alias Middle Initial:

Alias Last Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code + 4: -

Phone Number (xxxxxxxx):

Primary Debtor ?

Debtor in Bankruptcy ?

Date of Bankruptcy (mmdyyyy):

Bankruptcy Title:

Any Guarantors/Co-signers ?

Clear Page 4

Internal Control Line: 55

Relationship to Primary Debtor:

Debtor's Association to Debt:

% Debt Owning:

%

Guarantor/Co-Signer Name:

Employer Name:

E-City:

E-State:

E-Zip:

Country:

Phone (xxxxxxxxxx):

Job Title:

Salary: \$ per:

Clear Page 5

Save Form

Print Form

CLEAR ALL

Business Debtor Form
Digital Imaging

Internal Control Line: 14

Record Header: 01

Originating Agency ID:

Agency Debt Number:

Debt Description:

Debt Security:

Debt Type:

Program Code:

Administrative Classification:

Date of Delinquency (mmddyyyy):

Is debt in judgment?

Judgment Date (mmddyyyy):

Judgment Type:

Judgment Amount:

\$

Clear Page 1

Page 1 of 4

Internal Control Line: 24

Original Value of Debt:	\$	
Balance at time of referral to DMSC:		
Principal:	\$	
Financing Interest:	\$	
Additional Interest (Late Charge):	\$	
Administrative Cost:	\$	
Penalty:	\$	
TOTAL:	\$	0.00

Type of Interest Rate:

Interest Rate: %

Date of last interest calculation (mmdyyy):

Has debt been referred to Private Collection Agency for 1st referral?

Has debt been referred to Private Collection Agency for 2nd referral?

Contact for Debt Inquiries:

Contact Phone No. (xxxxxxxx):

Internal Control Line: 34

Record Header: 03

Agency Debtor ID: [REDACTED]

TIN: [REDACTED]

TIN Type: [REDACTED]

Business Name: [REDACTED]

Business Contact Name: [REDACTED]

Agent Name: [REDACTED]

Attorney Name: [REDACTED]

Type of Business: [REDACTED]

Alias Type: [REDACTED]

Address Line 1: [REDACTED]

Address Line 2: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code + 4: [REDACTED] - [REDACTED]

Phone Number (xxxxxxxx): [REDACTED]

[Clear Page 3](#)

Internal Control Line: 44

Debtor Type:

Primary Debtor ?

Debtor in Bankruptcy ?

Date of Bankruptcy (mmdyyyy):

Bankruptcy Title:

Debtor's Association to Debt:

% Debt Owning:

%

DUNS Number:

Date of Incorporation (mmdyyyy):

State of Incorporation:

Bank Name:

Bank City:

Bank State:

Bank Zip Code + 4:

-

1st Account Number:

1st Account Type:

Clear Page 4

Save Form

Print Form

CLEAR ALL

Page 4 of 4

Manual Referral Forms

Foreign Debt

Judgment Debt

Multi-Debtor/Single Debt

Debt Information

Agency _____
Agency Debt Number _____
Debt Description: ___ Consumer ___ Commercial
Debt Security: ___ Secured ___ Unsecured
Debt Type: ___ Loan ___ Administrative
Administrative Classification: ___ Grant
 ___ Overpayment
 ___ Fine
 ___ Penalty
 ___ Fee
 ___ Employee Advance
 ___ Miscellaneous Debt

Program: _____
Date of Delinquency _____
Original Value of Debt \$ _____

Balance at time of referral to the DMSC:

Principal	\$ _____
Financing Interest	\$ _____
Additional Interest (Late Charge)	\$ _____
Administrative Cost	\$ _____
Penalty	\$ _____
Total	\$ _____

Type of Interest Rate:
 Financing Interest Additional Late Charge (*Circle One*)
Interest Rate ___ %
Date of last interest calculation _____

Has debt been referred to Private Collection Agency for 1st referral?

 Yes No (*Circle One*)

Has debt been referred to Private Collection Agency for 2nd referral?

 Yes No (*Circle One*)

Is debt in judgment?

 Yes No (*Circle One*)

(If yes to any of the above, please complete Additional Debt Information form)

Contact for Debt Inquiries _____
Contact Phone Number _____

Debtor Information: *Individual Debtor*

(Please complete one form for each debtor on debt)

Associated Agency Debt Number _____

TIN _____

Last Name _____

First Name _____

Middle Initial _____

Generation: Jr. Sr. I II III IV V *(Circle 1)*

Gender: Male Female Unknown *(Circle 1)*

AKA / FKA / DBA _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Phone _____

Primary Debtor? Yes No *(Assumes Yes)*

Any guarantors/co-signers etc.? Yes No *(Assumes No)*

(Please submit a separate Debtor Information Form for each additional responsible party)

Date of Birth _____

Date of Death _____

Is Debtor in Bankruptcy? Yes No *(Circle 1)*

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified *(Circle 1)*

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response:

_____ No Response

_____ Debt disputed Date: _____

_____ Debt acknowledged Date: _____

Debtor Information: Company/State or Local Government Debtor

(Please complete one form for each debtor on debt)

Associated Agency Debt Number _____
TIN _____

Company Name _____
Company Contact _____

AKA / DBA _____

Address Line 1 _____
Address Line 2 _____
City _____
State _____
Zip Code _____
Phone _____

Debtor Type: _____ Corporation
_____ Sole Proprietorship
_____ Partnership
_____ Joint Venture
_____ State or Local Government
_____ Other: _____

Primary Debtor? Yes No *(Assumes Yes) (Circle 1)*

Any guarantors/co-signers etc.? Yes No *(Assumes No) (Circle 1)*

(Please submit a separate Debtor Information Form for each Personal Guarantor)

Is Debtor in Bankruptcy? Yes No *(Circle 1)*

Date of Bankruptcy _____
Bankruptcy Title: 7 11 12 13 Unidentified

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response:
_____ No Response
_____ Debt disputed Date: _____
_____ Debt acknowledged Date: _____

Additional Debtor Information: Individual Debtor

(One form for each debtor on debt)

Agency Debt Number _____

Debtor Name _____

TIN _____

Relationship to Primary Debtor: *(Circle One)*

Self Spouse Sibling Parent Other: _____
Owner President Vice-President Shareholder Other: _____

Debtor's Association to Debt: *(Circle One)*

Individual Signer Joint Account Joint Contractual Liability
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____%

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor

Please submit a separate Debtor Information Form for each guarantor

Employer _____

City, State, Zip, Country _____

Phone _____

Job Title _____

Salary: \$ _____

Per: Hour Week Month Year Other _____
Gross Net (Circle one)

Federal Employee Status

Civilian Employee:

Active Retired Not applicable/unknown

Military Employee:

Active Retired Not applicable/unknown

Bank Name _____

City, State, Zip, Country _____

Phone _____

Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

Last Payment Information Date: _____ Amount \$ _____

Miscellaneous collection notes:

Additional Debtor Information: Company/ State or Local Government Debtor
(one form for each debtor on debt)

Agency Debt Number _____
Company Name _____
TIN _____

Debtor's Association to Debt:
Individual Signer Joint Account Joint Contractual
Liability
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owing _____
Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor
Please submit a separate Debtor Information Form for each guarantor

Type of Business _____
DUNS Number _____
Date of Incorporation _____
State of Incorporation _____
Bank Name _____

City, State, Zip, Country _____
Phone _____
Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____
Real Property Information _____

Last Payment Information
Date: _____ Amount \$ _____

Miscellaneous collection notes:

Additional Debt Information

Agency Debt Number _____

Basis of Claim:

- _____ Claim evidenced by note, guarantee, surety obligation
- _____ Claim evidenced by statute or regulation

Statute: _____

Original Award Date _____

Terms (of original loan) _____ In # months (or years for housing loans)

Summary of Collection Activities

Last Credit Reporting Date _____

PCA (1) Name _____

PCA (1) Referral Date _____

Amount collected \$ _____

PCA (2) Name _____

PCA (2) Referral Date _____

Amount collected \$ _____

Date sent to DOJ _____

Judgment Date _____

Judgment Type: Default Consent Summary Other: _____ (Circle One)

Judgment Amount \$ _____

Date Written-Off _____

Amount Written-Off \$ _____

Other collection actions

Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.

Is Debt Joint and Several? Yes No *(Circle One)*

If yes, list with whom and related debt amount.

Debtor Name

Debt Amount

Is Debt related to an existing FMS referral? Yes No *(Circle One)*

If yes, list debt/ debtor _____

Are related debts also being referred? Yes No *(Circle One)*

If yes, list debt/ debtor _____

Contact for Debt Inquiries _____

Contact Phone Number _____

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Additional Debt Information

Agency Debt Number _____

Basis of Claim:

_____ Claim evidenced by note, guarantee, and surety obligation

_____ Claim not evidenced by note but by the following statute or regulation: _____

Original Award Date _____

Terms (of original loan) _____ In # months (or years for housing loans)

Summary of Collection Activities

Last Credit Reporting Date _____

PCA (1) Name _____

PCA (1) Referral Date _____

Amount collected _____

PCA (2) Name _____

PCA (2) Referral Date _____

Amount collected _____

Date sent to DOJ _____

Date returned from DOJ _____

DOJ Actions _____

Date Written-Off _____

Amount Written-Off \$ _____

Other collection actions

Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Individual Debtor

(Please complete one form for each debtor on debt)

***Associated Agency Debt Number** _____

TIN _____

***Last Name** _____

***First Name** _____

Middle Initial _____

Generation: Jr. Sr. I II III IV V *(Circle 1)*

Gender: Male Female Unknown *(Circle 1)*

AKA / FKA / DBA _____

***Address Line 1** _____

Address Line 2 _____

***City** _____

***State** _____

***Zip Code** _____

Phone _____

***Primary Debtor?** Yes No *(Assumes Yes)*

***Any guarantors/co-signers etc.?** Yes No *(Assumes No)*

Please submit a separate Debtor Information Form for each additional responsible party

Date of Birth _____

Date of Death _____

Debtor in Bankruptcy? Yes No *(Circle 1)*

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified *(Circle 1)*

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response: _____ No Response
 _____ Debt disputed Date: _____
 _____ Debt acknowledged Date: _____

****Indicates mandatory information***

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Company/ State or Local Government Debtor

(Please complete one form for each debtor on debt)

***Associated Agency Debt Number** _____
TIN _____

***Company Name** _____

Company Contact _____
AKA / DBA _____

***Address Line 1** _____

Address Line 2 _____

***City** _____

***State** _____

***Zip Code** _____

Phone _____

***Debtor Type:**

_____ Corporation
 _____ Sole Proprietorship
 _____ Partnership
 _____ Joint Venture
 _____ State or Local Government
 _____ Other: _____

***Primary Debtor?** Yes No *(Assumes Yes)*

***Any guarantors/co-signers etc.?** Yes No *(Assumes No)*

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy? Yes No

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response: _____ No Response
 _____ Debt disputed Date: _____
 _____ Debt acknowledged Date: _____

****Indicates mandatory information.***

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Additional Debtor Information: Individual Debtor

(One form for each debtor on debt)

Agency Debt Number _____
Debtor Name _____
TIN _____

Relationship to Primary Debtor:

Self Spouse Sibling Parent Other: _____
Owner President Vice-President Shareholder Other: _____

Debtor's Association to Debt:

Individual Signer Joint Account Joint Contractual Liability
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____

Guarantor/Co-signer Name* _____ * *Only if no debtor information form on co-debtor*

Please submit a separate Debtor Information Form for each guarantor

Employer _____
City, State, Zip, Country _____
Phone _____
Job Title _____
Salary: \$ _____

Per: Hour Week Month Year Other: _____ **Gross Net (Circle one)**

Federal Employee Status

Civilian Employee:

Active Retired Not applicable/unknown

Military Employee:

Active Retired Not applicable/unknown

Bank Name _____
City, State, Zip, Country _____
Phone _____
Account # _____
Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

Last Payment Information Date: _____
Amount: \$ _____

Power of Attorney _____

Known Relatives _____

Miscellaneous collection notes: _____

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Additional Debtor Information: Company/ State or Local Government Debtor

(One form for each debtor on debt)

Agency Debt Number _____
Company Name _____
TIN _____

Debtor's Association to Debt: _____ (Circle One)
Individual Signer Joint Account Joint Contractual Liability
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____
*Guarantor/Co-signer Name _____

** Only if no debtor information form on co-debtor
Please submit a separate Debtor Information Form for each guarantor*

Type of Business _____
DUNS Number _____
Date of Incorporation _____
State of Incorporation _____
Officers of Business _____
Bank Name _____
City, State, Zip, Country _____
Phone _____
Account # _____
Account Type: Checking Savings Other: _____

Personal Property Information _____
Real Property Information _____
Last Payment Information Date: _____ Amount \$ _____

Miscellaneous collection notes:

